

**COVER PAGE**

*A Public Document*

Please type or print in ink.

|  |         |          |                          |            |
|--|---------|----------|--------------------------|------------|
| NAME (LAST)                                      | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |            |
| Maxwell-Jolly                                    | David   | G.       | ( 916 ) 440-7400         |            |
| MAILING ADDRESS<br>(Business Address Acceptable) | STREET  | CITY     | STATE                    | ZIP CODE   |
| [REDACTED]                                       |         |          | CA                       | [REDACTED] |
| OPTIONAL: E-MAIL ADDRESS                         |         |          |                          |            |

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Health Care Services

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages  
including this cover page: 4

► Check applicable schedules or "No reportable  
interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed 3/15/10  
(month, day, year)

Signature [REDACTED]  
(File the originally signed statement with your filing official.)

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

David Maxwell-Jolly

► NAME OF BUSINESS ENTITY  
Riverbed Technology

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Network Appliances

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
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\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
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                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><br>David Maxwell-Jolly                                   |

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

|   |
|---|
| ▶ NAME OF SOURCE<br><u>Center for Health Improvement</u>  |
| ADDRESS (Business Address Acceptable)<br><u>1330 21st Street, Suite 100</u>   |
| CITY AND STATE<br><u>Sacramento, CA 95811</u>   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>  |
| DATE(S): <u>02 / 01 / 09</u> - <u>02 / 03 / 09</u> AMT: \$ <u>1,173.36</u><br><small>(If applicable)</small>                              |
| TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income                                |
| DESCRIPTION: <u>CHI paid for travel, lodging and meals for attendance at the 2009 National Health Policy Conf as a state rep in D. C.</u> |

|  |
|--|
| ▶ NAME OF SOURCE<br><u>National Conference of State Legislatures</u>   |
| ADDRESS (Business Address Acceptable)<br><u>7700 East First Place</u>  |
| CITY AND STATE<br><u>Denver, CO 80230</u>  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>   |
| DATE(S): <u>10 / 22 / 09</u> - <u>10 / 24 / 09</u> AMT: \$ <u>1,210.03</u><br><small>(If applicable)</small>                             |
| TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income                               |
| DESCRIPTION: <u>NCSL paid for travel, lodging and meals for attendance at the Using Health Dollars Wisely Conference in New Orleans.</u> |

|  |
|--|
| ▶ NAME OF SOURCE<br>   |
| ADDRESS (Business Address Acceptable)<br>  |
| CITY AND STATE<br>   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>   |
| DATE(S): <u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> / <u>  </u> / <u>  </u> AMT: \$ <u>  </u><br><small>(If applicable)</small> |
| TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income                                    |
| DESCRIPTION: <u> </u>  |

|  |
|--|
| ▶ NAME OF SOURCE<br>   |
| ADDRESS (Business Address Acceptable)<br>  |
| CITY AND STATE<br>   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>   |
| DATE(S): <u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> / <u>  </u> / <u>  </u> AMT: \$ <u>  </u><br><small>(If applicable)</small> |
| TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income                                    |
| DESCRIPTION: <u> </u>  |

Comments: \_\_\_\_\_

DAVID MAXWELL-JOLLY  
California Form 700  
Statement of Economic Interests  
Attachment

Multiple positions:

- California Department of Health Care Services  
Director
- Governor's Committee on Employment of People with Disabilities  
Member
- State Council on Development Disabilities  
Member